

Return to Lender: Name of Lender \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## Physician's Certification of Borrower's Total and Permanent Disability for Student Loan Cancellation

Stafford Student Loan Program/Supplemental Loans for Students (SLS)  
/Parent Loans for Undergraduate Students (PLUS)/Consolidation Loans



**Warning: Any person who knowingly makes a false statement of misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Codes, Section 1097.**

### Part A: To Be Completed by Borrower or Borrower's Representative

1. Person filling out this form: ☐ Borrower or ☐ Representative

2. Name of borrower (last, first, middle initial)	3. Borrower's Social Security number	4. Type of loan(s)	
Address (borrower or representative)	City	State	Zip Code

**Consent for release of information:** I authorize my physician, hospital or other institution having records pertaining to the disability for which I am requesting cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

6. Signature ▶	Date
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### Part B: To Be Completed by Certifying Physician

7. Date the illness or injury began for which the borrower is requesting cancellation: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Date borrower became unable to work and earn money: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Date borrower will be able to return to school/work (previous job or otherwise): \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Diagnosis of borrower's present medical condition (give results of complications):

11. If borrower's medical condition existed prior to \_\_\_\_/\_\_\_\_/\_\_\_\_ (date most recent loan was made), has the condition substantially deteriorated since that date? ☐ Yes ☐ No ☐ Not applicable

12. Borrower is: ☐ Ambulatory ☐ Bed confined ☐ Hospital confined ☐ House confined  
☐ Other: \_\_\_\_\_

13. Prognosis - is condition static? ☐ Yes ☐ No - if no, what optimum improvement can be expected?

### 14. Physician's Certification of Borrower's Total and Permanent Disability

I certify in my professional judgement (name of borrower) \_\_\_\_\_ is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death.

I am legally authorized to practice in the state of \_\_\_\_\_.

15. Name of physician (please print or type)

Address (physician)	City	State	Zip Code
Telephone number ( )	16. Signature of physician (M.D. or D.O.) ▶		Date

# Instructions for Completing Physician's Certification of Borrower's Total and Permanent Disability

The following instructions and information are provided to assist in the proper preparation of a Physician's Certification of a Borrower's Total and Permanent Disability for student loan cancellation.

All numbered sections on the reverse side of this form must be completed as outline in Part A and B below. Please type or print clearly.

## Total and Permanent Disability

To be totally and permanently disabled the borrower must be unable to engage in any substantially gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death.

This definition calls for a judgement decision as to the borrower's ability to earn income or attend school despite a disability. The physician is to assess the impact of the borrower's disability or ability to attend school or earn income in light of what the borrower would normally be earning if able. If the disability appears to have a significant adverse impact on the borrower's ability to attend school or the borrower's earning potential, not only on the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition. If the borrower has a medical condition which existed prior to the time the most recent loan was made, that condition must have deteriorated substantially since that time in order to have the loan debt cancelled.

## Part A: Borrower or Borrower's Representative

1. Check the box of the individual completing the form.
2. Enter the name of the borrower, last name, first name, and middle initial. If a representative is completing this form, the representative will enter the borrower's name. ***The name of the representative is not entered.***
3. Enter the borrower's Social Security number.
4. Enter the borrower's complete address (street, city, state and zip code).
5. Indicate the type of loan(s) the borrower obtained (FISL, Stafford, SLS, PLUS, or Consolidation).
6. Borrower or borrower's representative must sign and date consent for release of information.

## Part B: Certifying Physician

7. Enter the date the borrower obtained the injury or contracted the illness which caused the permanent disability.
8. Enter the date that the borrower became unable to be employed and earn a wage due to the disability. Enter N/A if applicable.
9. If borrower is able to return to school/work, indicate the date of return. Enter N/A if applicable.
10. Indicate a diagnosis of the borrower's present medical condition. Using layman terms, be as specific as possible.
11. Indicate whether the borrower's medical condition existed prior to the loan. Indicate whether the condition has deteriorated since that date (check the appropriate box).
12. Check the box which indicates the borrower's present medical condition.
13. Give a prognosis of the borrower's condition. Using layman terms, be as specific as possible.
14. Indicate in the appropriate space the name of the borrower who is disabled. Indicate in the appropriate space in the state in which the physician is authorized to practice medicine.
15. Print or type the name and address of the physician completing the form.
16. The certifying physician must sign and date the form.

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collection of the information requested on this form is found in 20 U.S.C. 1067, 1067dd, 42, U.S.C. 209-4k and 22 U.S.C. 2601.
2. The principal purposes of this information are to verify the identity of the borrower, determine eligibility for loan cancellation and in the event it is necessary, to locate the borrower's representative or certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
3. The routine uses of this information include disclosure to federal, state or local agencies, to guarantee agencies, to educational and financial institutions and to agency contractors for the purpose of verifying the identity of the borrower and the borrower's physician; determining the borrower's eligibility for loan cancellation; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in the denial of the borrower's request for loan cancellation.
4. This information is necessary to process requests for loan cancellation.